

99-407-C 2019-12-A

## **Telecommunications Carriers AUTHORIZED UTILITY REPRESENTATIVE FORM** CERTIFICATED COMPANY INFORMATION FEIN/S Company Name: KDDI America, Inc. Telephone # 212-295-1200 DBA/FKA: Mailing Address: 107 W Michigan Ave, 4th Floor State: MI ZIP Code: 49007 City: Kalamazoo CLEC Wireless ETC IXCX **ILEC** REGISTERED AGENT INFORMATION Registered Agent: B Allston Moore Jr. Mailing Address: 5 Exchange Street City: Charleston State: SC ZIP Code: 49401

## As required by Commission rules and regulations Print or type company contact person and contact information for the areas listed below:

	UTILIT	Y REPRESENTATIVE INFORMATION	ON		
General Manager					
Name: Masatoshi Mobuhara					
Address: 7 Teleport Drive	AD-2-19-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
City: Staten Island		State: NY	ZIP Code: 10311		
Phone: 212-295-1200	Email: rt@kddia.com		Fax: 212-295-1087		
Emergency Contact - Non Office Hours					
Name:					
Phone:	Email:		Fax:		
Customer Relations/Complaints Rep					
Name: Shin Shinohars					
Address: 7 Teleport Drive	n de la companya de l				
City: Staten Island		State: NY	ZIP Code: 10311		
Phone: 212-295-1200	Email: rt@k	ddia.com	Fax: 212-295-1087		
Complaints Rep for Compla	int Escala	tion			
Name: Shin Shinohara					
Address: 7 Teleport Drive					
City: Staten Island		State: NY	ZIP Code: 10311		
Phone: 212-295-1200	Email: rt@k	ddia.com	Fax: 212-295-1087		
Customer Toll Free Contact Number:					
Engineering Operations					
Name:	Addressing a proportion of the control of the contr				
Address:					
City:		State:	ZIP Code:		
Phone:	Email:		Fax:		
Test and Repair	Accessors				
Name:					
Address:	anders was usual based for the confirmation of				
City:	Malacan	State:	ZIP Code:		
Phone:	Email:		Fax:		

UTILITY REPRESENTATIVE INFORMATION						
Regulatory Officer						
Name & Title: Peter Kuan, Senior Manager Accounting Department						
Address: 7 Teleport Drive						
City: Staten Island		State: NY	ZIP Code: 10311			
Phone:	Email:		Fax:			
Annual Report Form Mailings						
Name & Title: Amanda Gucich, Senior Compliance Specialist						
Address: 107 W Michigan Ave, 4th Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007			
Phone: 269-381-8888	Email: contact@nationwideregulatorycompliance.com		Fax: 269-381-4855			
Dual Party Involce Mailings						
Name & Title: Amanda Gucich, Senior Compliance Specialist						
Address: 107 W Michigan Ave, 4th Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007			
Phone: 269-381-888	Email: conta	act@nationwideregulatorycompliance.com	Fax: 269-381-4855			
Universal Service Fund Mailings						
Name & Title: Amanda Gucich, 8	Senior Compli	ance Specialist				
Address: 107 W Michigan Ave, 4t	h Floor	<b>,</b>				
City: Kalamazoo		State: MI	ZIP Code: 49007			
Phone: 269-381-8888	Email: conta	act@nationwideregulatorycompliance.com	Fax: 269-381-4855			
Gross Receipts Mailings						
Name & Title: Amanda Gucich, S	Senior Compli	iance Specialist				
Address: 107 W Michigan Ave, 4th Floor						
City: Kalamazoo	<del></del>	State: MI	ZIP Code: 49007			
Phone: 269-381-8888	Email: contact@nationwideregulatorycompliance.com Fax: 269-381-4855					
Lifeline Contact						
Name & Title: n/a						
Address:						
City:		State:	ZIP Code:			
Phone:	Email: Fax:		Fax:			

FORM PREPARER INFORMATION					
This form was completed by: Amanda Gucich					
Signature: Signature:					
Title: Senior Compliance Specialist	Date: 03/21/19				

RETURN COMPLETED FORM TO:

Public Service Commission of SC

**Docketing Department** 

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street, Suite 800

Columbia, SC 29201